

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$12.00 for date of service 06/08/01.
- b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Respondent did not submit a response to the request. The “No Response Submitted” sheet is reflected in Exhibit II of the Commission’s case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 06/07/02 that...

“Simple and straight-forward, WE DO NOT HAVE A CONTRACT WITH NCC NOR WITH CCN NETWORKS FOR THE WORKER’S COMPENSATION PLAN. (Please refer to the following Addendum A: CCN Provider Product Participation. This clearly indicates only our participation with the Group Health PPO Plan and NOT the Workers’ Compensation Plan).”
2. Respondent: Carrier did not respond to the dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/08/01.
2. The denial code listed on the EOB is “C-*Contract Savings Per National Choicecare or CCN PPO Agreement.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/08/01	99213	\$63.00	\$36.00	C	\$48.00	CPT descriptor	The carrier denied reimbursement per a contract. The provider submitted an addendum dated 10/12 indicating there is no contract between the provider and carrier. The carrier did not support the fact that there was a contract, therefore, reimbursement is recommended in the amount of \$12.00 .
Totals		\$63.00	\$36.00				The Requestor is entitled to reimbursement of \$12.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$12.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb